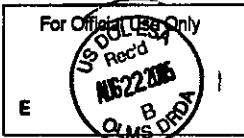


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10570</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Scott</u> <u>B</u> <u>Smith</u> P.O. Box Bldg., Room No. if any _____ Street <u>3915 E Main</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99202</u>	4 Name, file number, and address of labor organization Name <u>United Assoc of Plumbers & Steamfitters LU 44</u> Labor Organization File Number <u>037-857</u> P.O. Box, Building and Room Number if any _____ Street <u>3915 E Main</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99202</u>
5 Position in labor organization <u>Bus Mgr/Health & Welfare Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction or Income <u>To the best of my knowledge I have not received anything (gifts money etc) from any employer</u> 7.b Amount. \$ <u>0</u>

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u>Scott B. Smith</u>	On <u>08/15/2005</u> Date	<u>(509) 624-5101</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name if any)

Name Northwest Plumbing & Pipefitting Industry

Trade Name if any Health Welfare and Vacation Trust

P O Box, Bldg Room No if any P O Box 34203

Street 2815 Second Ave Suite 300

City Seattle

State Washington ZIP Code + 4 98124

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Northwest Plumbing & Pipefitting Industry

Trade Name if any Health & Welfare and Vacation Trust

P O Box Bldg Room No if any P O Box 34203

Street 2815 Second Ave Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a Nature of such dealing

Attendance at Trust Meeting Seattle Wa and Post Falls ID 2004

11 b Approximate dollar value of such dealing

\$2 830

12.a Nature of interest held or income received.

Reimbursement for travel meals lodging and wages

12.b Amount

\$2 830

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14.a Nature of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.